



Freestyle Schedule COST: Buy on only - \$10 per session		
FRIDAY	8/10/12	6:30pm – 8:30pm
WEDNESDAY	8/15/12	4:00pm – 5:30pm
FRIDAY	8/17/12	6:30pm – 8:30pm
WEDNESDAY	8/22/12	4:00pm – 5:30pm
FRIDAY	8/24/12	7:15pm – 8:45pm
WEDNESDAY	8/29/12	4:00pm – 5:30pm
FRIDAY	8/31/12	7:15pm – 8:45pm
WEDNESDAY	9/5/12	4:00pm – 5:30pm
FRIDAY	9/7/12	7:15pm – 8:45pm
WEDNESDAY	9/12/12	4:00pm – 5:30pm
FRIDAY	9/14/12	7:15pm – 8:45pm
WEDNESDAY	9/19/12	4:00pm – 5:30pm
FRIDAY	9/21/12	5:15pm – 6:45pm
WEDNESDAY	9/26/12	4:00pm – 5:30pm
FRIDAY	9/28/12	5:15pm – 6:45pm
WEDNESDAY	10/3/12	4:00pm – 5:30pm
FRIDAY	10/5/12	5:15pm – 6:45pm
WEDNESDAY	10/10/12	4:00pm – 5:30pm
FRIDAY	10/12/12	5:15pm – 6:45pm
WEDNESDAY	10/17/12	4:00pm – 5:30pm
FRIDAY	10/19/12	5:15pm – 6:45pm
WEDNESDAY	10/24/12	4:00pm – 5:30pm
FRIDAY	10/26/12	5:15pm – 6:45pm
WEDNESDAY	10/31/12	4:00pm – 5:30pm

CUT HERE

EBLE ICE ARENA **RELEASE OF LIABILITY**

I Am Being Allowed to Participate in Open Freestyle at Eble Ice Arena. I Understand That There Are Certain Dangers Inherent in Open Freestyle, Which Includes but Is Not Limited to Injuries from Contact with Other Skaters, Sideboards, the Ice and Equipment. In Consideration of Being Allowed to Participate in Open Freestyle, I, Individually and for All Others Who May Claim Based on Injury to Me, Accept the Risk of Physical Injury and Released and Discharged Waukesha County and its Employees from Any Liabilities to Me for Any Physical Injury Which May Occur While I Am Participating in Open Freestyle. I Understand That the Purpose and Intent of this Release Is to Prevent Me, and Others Who May Claim Through Me, from Recovering Any Money from Waukesha County and its Employees for Any Physical Injury I Suffer While Skating in Open Freestyle.

CHILD'S NAME _____

ADDRESS _____ PHONE# _____

EMAIL ADDRESS _____

PARENT/GAURDIAN

SIGNATURE _____ DATE _____